

**Expanding the Reach and Strengthening the Interaction:
Linking Medical Practices to CDSMP**

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Presenter Disclosures


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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

"No relationships to disclose"

Learning Objectives


- Understand the basic relationships between the partners which support deployment of the intervention.
- List the key features of the Healthier Living Colorado (HLC) Loop in engaging patient and medical practice.
- Identify available key data elements supporting the model as an effective approach to intervention deployment.
- Evaluate the intervention's potential impact as a community/regional or state level health promotion/wellness strategy for adults with chronic illness.

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The Players

The Consortium for Older Adult Wellness (COAW)


- A 501(c)(3) non-profit organization founded in 2001 by Colorado gerontologist, Christine Katzenmeyer.
- A statewide consortium with 68 partnering organizations/agencies across Colorado.
- Today the organization is a network of over 600 professionals in a variety of disciplines.
- Expertise focusing on healthy aging of the older adult; provision of evidence-based training to health professionals and lay leaders on older adult injury/disability prevention and how to teach older adults how to self-manage.
- Class offering examples include: 1) Healthier Living Colorado (CDSMP), 2) NBalance, 3) Therapeutic Tai Chi for Older Adults

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The Players


HealthTeamWorks

- A 501(c)(3) non-profit organization founded in 1995.
- Formerly known as Colorado Clinical Guidelines Collaborative (CCGC).
- Over 50 different member organizations statewide.
- Expertise in:
 - Statewide-consensus clinical guideline production
 - Onsite practice improvement coaching
- Convening organization for national Multi-Payer PCMH Pilot
- Recently added Regional Extension Center division—supports practice achievement of EHR "meaningful use."

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The Intervention Design—
"What do the partners bring to the table?"

<p><u>COAW</u></p> <ul style="list-style-type: none"> • Statewide network of local organizations housing trained lay teachers for HLC facilitation. • Regional coordinators to work with local organizations and take referrals from practices. • Mechanism for tracking referred patient enrollment in HLC workshops and communicate with practices. • Centralized data collection. 	<p><u>HealthTeamWorks</u></p> <ul style="list-style-type: none"> • Onsite coaching in over 60 practices statewide. • Organizational commitment to increasing practice capacity for improving patient self-management support. • Opportunity to work with practices in standardizing referral and patient "action planning" follow-up workflow processes.
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The Intervention Design— "What is inside the CDSMP Workshop?"

Healthier Living Colorado™ CDSMP Workshop

- **Week 1:** Overview, acute-chronic problems, mind management of symptoms, introduction to action planning.
- **Week 2:** Feedback/problem-solving, dealing with emotions, introduction to physical activity and eating, action planning.
- **Week 3:** Feedback/problem-solving, relaxation, pain/fatigue, building endurance, action planning.
- **Week 4:** Feedback/problem-solving, future health care plans, healthy eating, communication skills, problem solving, action planning.
- **Week 5:** Feedback/problem-solving, medication, depression management, positive thinking, guided imagery.
- **Week 6:** Feedback/problem-solving, working with the health care professional/health care system, looking ahead.

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The Intervention Design— "What has been participant response to HLC?"

"Before" and "after" workshop (n=696)

How confident are you about managing:	N	Before (mean)	After (mean)	Diff.	p value
Fatigue	696	6.28	7.70	+1.42	<.001
Physical Discomfort	692	6.25	7.71	+1.46	<.001
Emotional Distress	690	6.63	7.94	+1.32	<.001
Other symptoms or health problems	688	6.47	7.79	+1.32	<.001
So as to reduce need to see doctor	687	6.70	8.04	+1.34	<.001
To do things other than take medicines	685	6.80	8.29	+1.49	<.001
Total confidence—All measures	664	39.29	47.66	+8.37	<.001

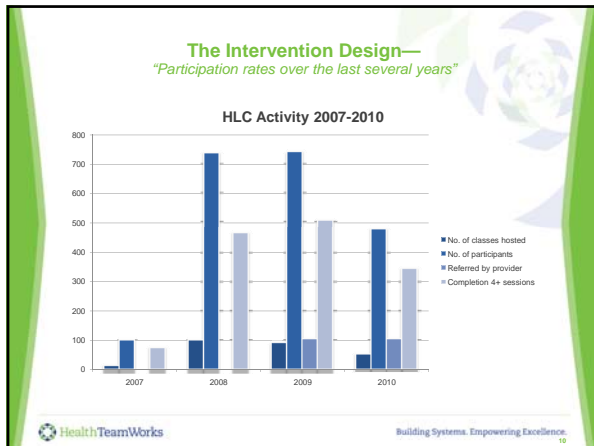
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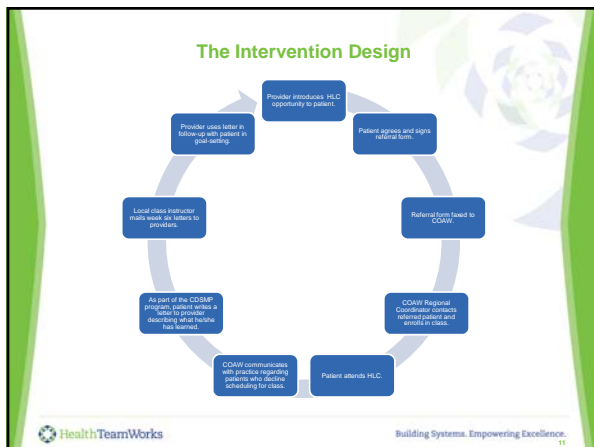
The Intervention Design— "What has been participant response to HLC?"

Six month follow-up (n=353)

How confident are you about managing:	N	Before (mean)	After (mean)	Diff.	p value
Fatigue	353	6.1	7.23	+1.13	<.001
Physical Discomfort	352	6.18	7.22	+1.03	<.001
Emotional Distress	352	6.53	7.53	+0.99	<.001
Other symptoms or health problems	348	6.34	7.34	+1.01	<.001
So as to reduce need to see doctor	347	6.61	7.6	+0.99	<.001
To do things other than take medicines	348	6.69	7.77	+1.08	<.001
Total confidence—All measures	344	38.53	44.6	+6.08	<.001

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The Data

Linking Practices

Total Practices= 35 Linking rate= 1 practice every 1.5 weeks

Approach	Patients Referred	Patients Enrolled	Percent Enrolled
Participating in QI Initiative; linked by QIC and COAW	245	128	52%
Linked by COAW	198	84	44%
Total	443	212	48%

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The Lessons Learned

Challenges

- Practices have **varying levels of readiness** for transitioning to a culture of patient engagement and SMS.
- **Practices require training in assessing patient readiness** for skill building in SMS.
- A lot weighs on the **communication and messaging with the practice and patient**. An observation of a common misperception is that often providers assume that if they refer a patient to the class, the patient will respond to the referral positively and attend.

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The Lessons Learned

Challenges (con.)

- **Practices require feedback information** about their patient's response to being referred to such a program.
- Building "community linkages" and essentially, helping to impact cultural change not only in the practice, but also in the community organization, is a **more complicated than anticipated**.

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The Lessons Learned

Breakthroughs


- **Creation of an introductory presentation that is a facilitated discussion** around the practice's definition of patient self-management, patient education and how working on practice changes in this area supports medical home transformation.
- **QIC support** in helping the practice learn basic skills in assessing patient readiness for participation.
- Establishment of **protocol for number of times COAW outreaches to referred patients** before reporting back to referring practice.

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The Lessons Learned

Breakthroughs (con.)

- **Production of "scripts" for providers and practice staff** to use in messaging about the resources to patients.
- **Clarification and improved timing regarding feedback** provided to the practices regarding outcomes of COAW outreach to patients.
- **Mutual understanding of both organizations' realities** faced in terms of what is involved in being successful with this at the practice level.
- **New mechanism for reaching participants** that otherwise would not be accessed.

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Questions?

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